

Dale Care Limited

Dale Care - Redcar and Cleveland Extra Cares

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Dale Care - Redcar and Cleveland Extra Cares supports people to live in their own homes. People using the service lived in flats across 4 schemes, across the Redcar area. The service provides personal care and support to people who may be living with dementia, of older age, a learning disability or autistic spectrum disorder, a physical disability, sensory impairment or mental health needs. At the time of the inspection, the service was providing care to 172 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Risks to people's health, safety and well-being were effectively managed. Medicines were administered safely. The provider had effective infection prevention and control systems in place.

People were supported to access specialist health and social care support where appropriate. People told us they felt safe when receiving support from staff. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Care:

People told us staff arrived on time and they received support from the same good group of staff, which promoted good continuity of care. People's needs were assessed prior to the commencement of the service. The assessment included people's health, physical, emotional and communication needs. Care provided

was personalised and supported people's preferences and wishes. Care plans had been reviewed regularly to ensure they were accurate.

Staff respected people's privacy and dignity. People were encouraged to be independent and to carry out tasks without support.

People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. The service was continuing to explore how they supported people from different religious and cultural backgrounds to ensure they promoted and upheld people's beliefs.

Right Culture:

The provider had recruitment processes in place to ensure suitable staff were employed. New staff we spoke with said this process was clear, inclusive and supportive.

Systems were in place to manage complaints. People and staff spoke positively about the management of the service and their openness to feedback. The management team was approachable, maintained regular communication, and listened to the views of others.

Systems to monitor the quality and safety of the service were in place. The provider was open to improvement and listened and acted on feedback we provided regarding IT issues affecting the service. The registered manager was a positive influence, open and aware of their legal responsibilities.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 24 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Dale Care - Redcar and Cleveland Extra Cares

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people who use the service and 1 relative about their experience of the care provided. We spoke with the registered manager, regional manager and 8 members of care staff. We also spoke with 3 members of community nursing teams.

We reviewed a range of records. This included 7 care and medication records. We looked at other records relating to the management of the service including staff deployment, staff supervision, and systems for monitoring quality.

Following the inspection, we looked at a range of documents sent to us such as audits, care records, medicine records and training information.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People's known risks had been assessed and accompanying care plans and risk assessments were in place.
- Risk assessments were person centred and reviewed regularly.
- We observed the service's management team having open and professional discussions with community mental health nurses to ensure risk for someone was well managed and upheld their rights.
- Staff managed the safety of the living environment. Regular checks on equipment and maintenance were made.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People and those who matter to them told us they knew how and when to raise a safeguarding issue. People said, "I feel safe with the carers and I trust them absolutely", and "I feel safe with them and I have no worries."
- People were kept safe from avoidable harm because staff knew them well and understood how to recognise and protect them from abuse.
- The provider had an out of hours on call service to provide guidance and support to staff.
- Accidents and incidents were recorded, and action had been taken to mitigate risks to prevent reoccurrence.
- Audits were used to identify any shortfalls in practice. When shortfalls were found, lessons had been learnt and shared with the staff team.

Staffing and recruitment

- Staff were recruited safely. Appropriate recruitment checks were carried out and recorded as standard practice.
- Staff had the skills to ensure they could meet people's needs. Staff told us they had received training to support them in their role.
- We met a new staff member who was on their first day of shadowing experienced staff. They told us, "I have felt very comfortable and welcomed, my induction training was really good."

Using medicines safely

- People's medicines were managed safely. Staff received medicines training and their practice was assessed to check they were competent to manage medicines safely.
- Information regarding the support people needed with their medicines was recorded within their care plans, which was clear, up to date and accessible to staff.

Preventing and controlling infection

- The provider had up to date infection prevention and control and COVID-19 policies in place to provide guidance for staff.
- Staff were provided with appropriate personal protective equipment (PPE) and had completed infection prevention and control training.
- People we spoke with told us, "The staff were excellent with the rules around COVID", and "The staff are always very careful with masks and gloves."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent to care and treatment was obtained and recorded in their care records.
- The registered manager knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- We observed a discussion between a community mental health nurse and the registered manager regarding a person whose capacity to make decisions was fluctuating. The manager clearly understood and supported the person's right to make decisions and both parties were positive in how they would work together going forward to empower the person.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in assessing their needs and deciding how their care was provided. People's relatives and health care professionals were involved when needed.
- People we spoke with told us they were involved in their assessment prior to moving to the service and also had regular reviews.
- Staff had an electronic system where care plans and records were stored. This meant the management team and staff had access to up to date information on the day to day support people required.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Care plan tasks identified the level of support people needed from staff to prevent malnutrition and dehydration and to promote choice and independence.
- One person we spoke with said, "There is a lunch every day and I can go in the dining area or have it in my

room. It is high quality food."

Staff support: induction, training, skills and experience

- New staff completed an induction programme to ensure they had enough knowledge and skills before providing people with support. We met one new staff member who was shadowing experienced staff for the first time. They were very positive about the recruitment and induction process.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. Staff told us, "The training is really good and I feel very supported working here."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff understood when to escalate concerns with people's health to a healthcare professional. For example, if a person became unwell or was unable to use equipment safely.
- The service recorded relevant information about people's care in daily notes. There were also good handover systems to ensure consistency of care and observations of people.
- We observed very professional relationships with visiting community nursing staff. One professional told us, "The staff follow my directions very well."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The registered manager and staff team put people first and foremost by providing a consistent and knowledgeable staff team wherever possible.
- Staff supported people to live fulfilling lives. One person spoke about staff saying, "I do think it does give me a feeling of well being with them. They will always talk to me."
- We discussed with the registered manager that people's cultural and religious support needs should be prominent in their plan of care where applicable.

Supporting people to express their views and be involved in making decisions about their care;

- People and where applicable their relatives, told us they were actively involved in the planning of their care and were supported to express their views.
- Staff understood the importance of maintaining dignity, privacy and providing compassionate care and support.
- People told us they regular met with management at the service where they were able to contribute their feedback. One person told us, "The day before yesterday they came and asked me many questions. There is nothing to improve and I am very happy here."

Respecting and promoting people's privacy, dignity and independence

- Staff were observed to be regularly interacting with people who enjoyed their company. We observed warm interactions between people and staff who showed complete empathy and understanding when this was required along with sharing a laugh and a joke. One person told us, "If you are having a bad day they will talk to you and would keep popping in. I am so glad I have got my carers."
- People told us staff encouraged and supported them to be as independent as possible. One person we spoke with said, "They bring food up to me but are trying gradually to get me to go out. They understand and don't push but encourage."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Care plans were detailed with clear information for staff to follow so they could support people safely and in the way they preferred.
- People told us they were routinely involved in their care planning and staff supported them to make individual decisions.
- People's assessments and care plans were reviewed regularly as their needs changed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured information was available in a variety of formats for people. For example, large print or pictures, and in different languages to meet people's needs if required.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and system in place to ensure any concerns were addressed quickly.
- People told us they understood how to raise any complaints. They told us they rarely had cause to complain but that any concerns were appropriately responded to.
- Feedback, including concerns and complaints was welcomed by the service and where appropriate outcomes were used to help improve the service for people. We saw the registered manager chose to meet with people face to face to discuss complaints and listen to their views.

End of life care and support

- There was no one receiving end of life support at the time of the inspection. Records included information to ensure people received end of life care and support according to their wishes and preferences.
- Any advanced care and support decisions made by people was recorded. This included information for staff to follow to ensure people received their chosen level of medical support at the right time, to remain pain free during end stages of life.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- The provider was actively involved in the service. The regional manager and registered manager met regularly, and we spoke with the provider to discuss IT issues across the schemes. The provider was knowledgeable and gave a commitment to work on the IT issues raised.
- Audits and performance checks were used to manage the service, maintain standards and identify areas for improvement.
- Audits contained clear action plans to address any concerns found.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a positive culture at the service which created a warm, relaxed and caring atmosphere.
- Staff told us they met regularly with the registered manager and their colleagues. Feedback and input including ideas for improvement were listened to and valued. Staff told us the registered manager was a positive lead who shared good ideas and practice, along with communicating any operational changes.
- Following a devastating fire at one of the schemes late in 2022, the provider offered counselling and increased their presence in the service to support the staff team.
- The registered manager was aware of the requirements under the duty of candour. People and their relatives were kept informed of issues when needed. Statutory notifications had been submitted to CQC in line with requirements.
- Positive relationships existed between people, relatives and staff. People spoke highly of the staff team and their approach. Comments included, "The best thing is the attention and the conscientiousness", and "The staff have a good attitude and you feel comfortable with them just like a family."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular staff meetings and meetings with people and questionnaires provided individuals with the opportunity to contribute their views to help the service improve.
- People had regular review meetings with their staff and relevant professionals to review all areas of their care plans. People told us, "You can always see the manager if you want."
- Staff told us they felt valued and fully involved in the service.

Continuous learning and improving care; Working in partnership with others

- Monitoring systems in place included unannounced spot checks of staff to help ensure they were upholding the provider's values of good quality care. Staff were then given feedback on what they did well and any areas to be improved upon.
- We saw evidence that when things went wrong these were discussed with the staff team to allow reflection and lessons learnt to help reduce the risk of recurring themes.
- The registered manager worked in partnership with other agencies. This included the local authority's selection panel for extra care housing to ensure people's needs could be met. Where people received specialist support, such as mental health support, effective joint working was in place.